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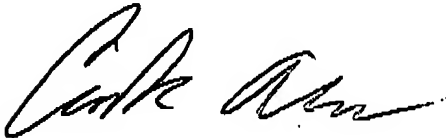
Date: July 17, 2003
To: Examiner Zalukaeva
Fax: (703) 872-9048
From: Charles Almer
Fax: (908) 707-3706
Phone: (908) 707-3738
Pages: - 7 -
Re: Application No. 10/045,725

Dear Examiner Zalukaeva,

As we discussed this afternoon, attached is the response to the restriction requirement that was filed in the above-referenced application. Please call me if you need anything further.

Thank you for your consideration of this matter.

Sincerely,



Please,
enter this
amendment
@ @ @
@ @ @
@ @ @
possible.
Thank you
@ @ @

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PTO/SB/21 (08-00)

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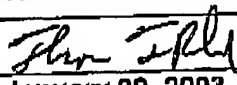
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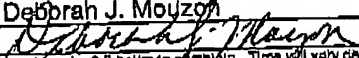
TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages In This Submission: 3	Application Number	10/045,725
	Filing Date	January 11, 2003
	First Named Inventor	Caneba et al.
	Group Art Unit	1713
	Examiner Name	Zalukaeva, T.
	Attorney Docket Number	1992.VIN

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal, Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Receipt PTO-1449 and 4 references
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name -	Thomas F. Roland, Reg. No. 42,110
Signature -	
Date -	January 29, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 01/29/03			
Typed or Printed Name	Deborah J. Mouzon	Date	01/29/03
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Docket No. 1992.VIN

Please DATE and RETURN acknowledging receipt of:

in re Application of: Canetha et. al.

Serial No. 160045,725 Filed: January 11, 2002

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AND PROCESS FOR MAKING SAME

Enclosed are:

Transmitted Form, Amendment - 3 pages, IDS Statement / Preferences

01/29/03